

An introduction to:

**Aging and Disability
Services Administration**

Kathy Leitch, Assistant Secretary

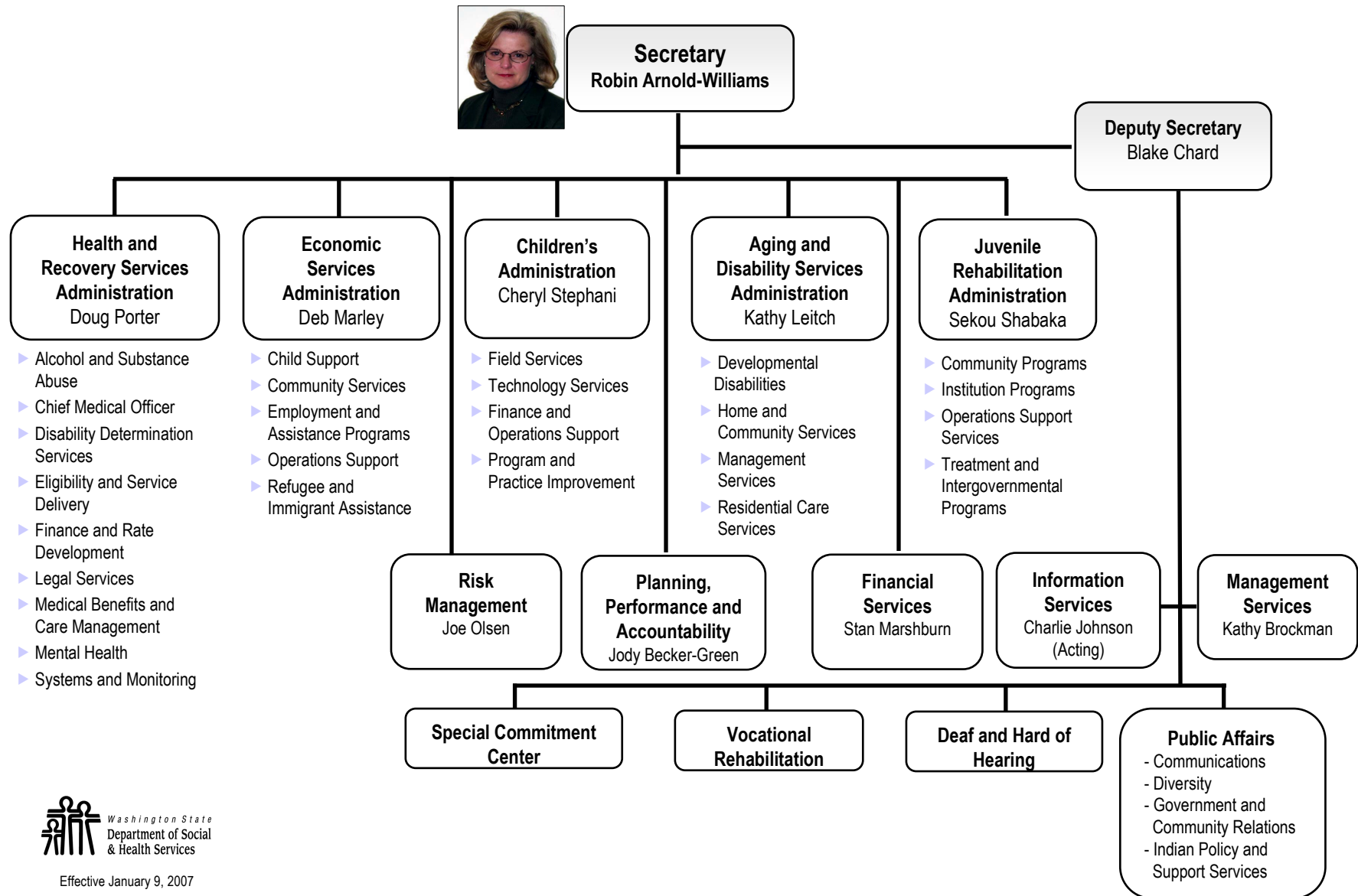
January 2007

Mission Statement

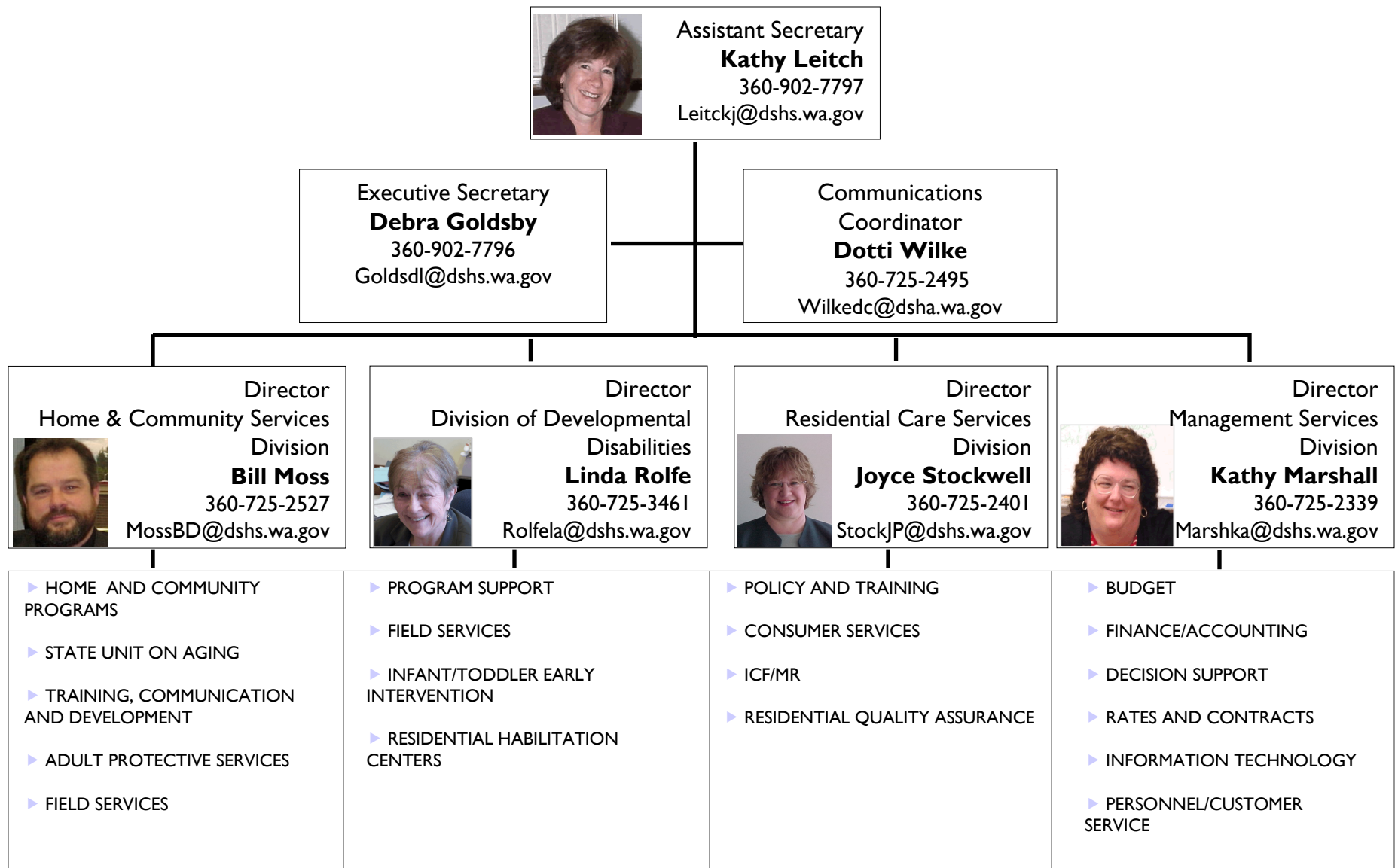
The Aging and Disability Services Administration assists children and adults with developmental delays or disabilities, cognitive impairment, chronic illness and related functional disabilities to gain access to needed services and supports by managing a system of long-term care and supportive services that are high quality, cost effective, and responsive to individual needs and preferences.



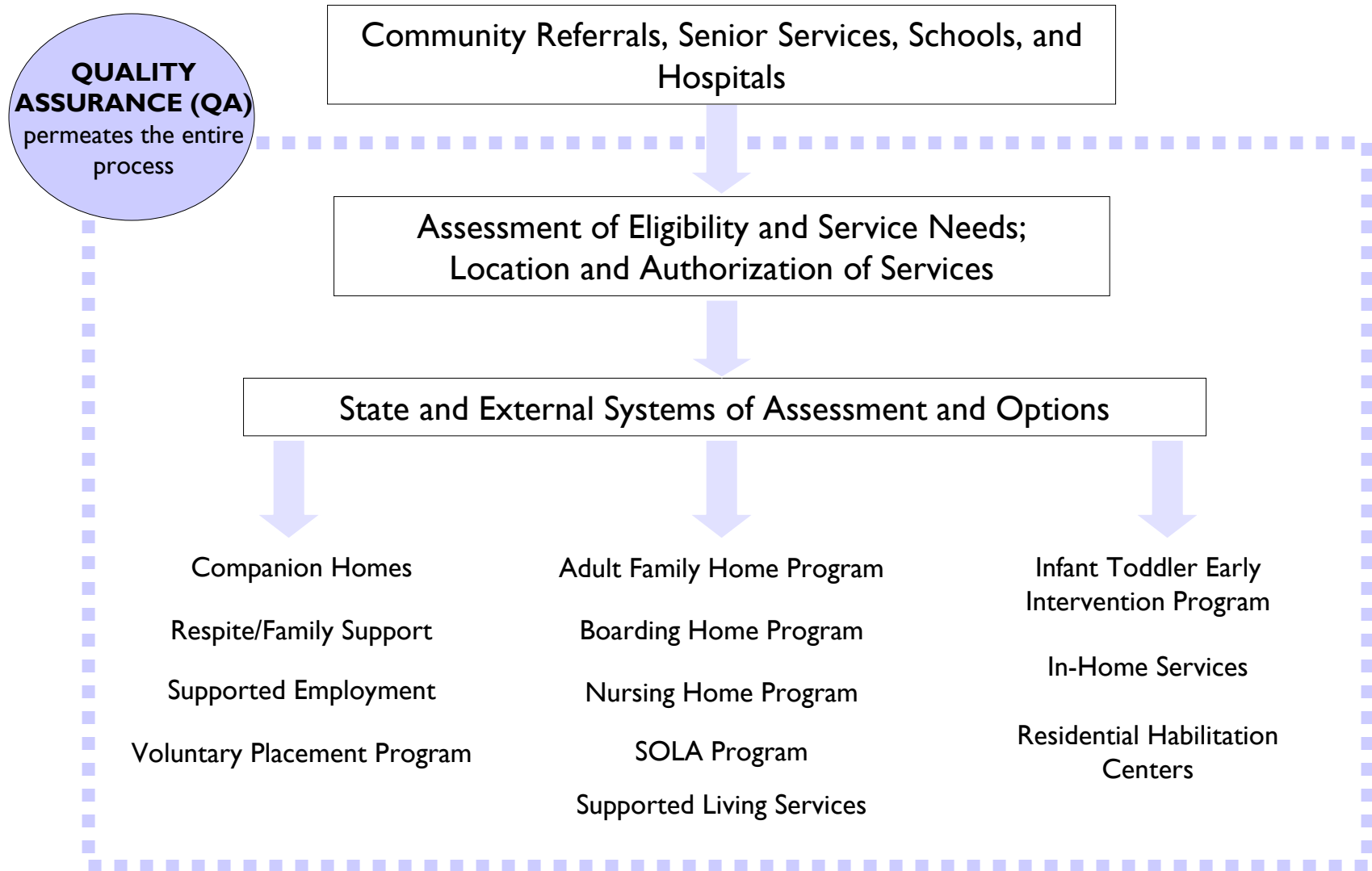
The DSHS Organization



The ADSA Organization



How Does ADSA Work?



The result : Quality choices for people who are securing long-term services

Integrated Administrative Structure

Unlike many states, Aging and Disability Services Administration brings together under one administrative organization the major aging, long-term care and developmental disabilities programs.

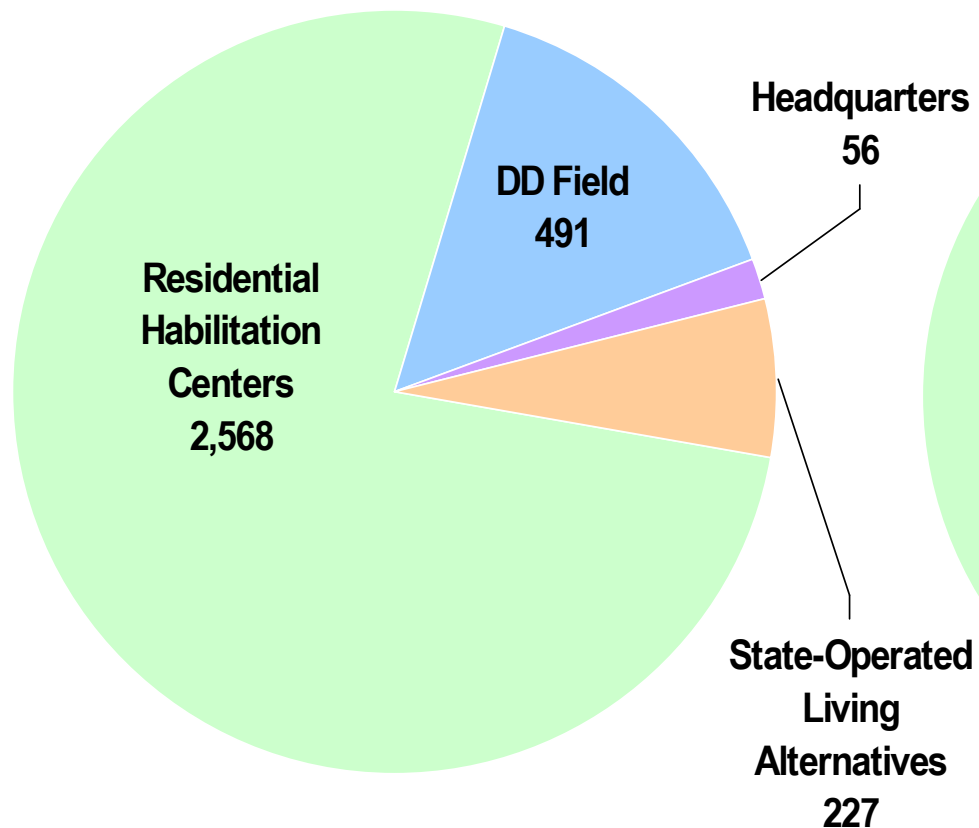
Statewide network of:

- ▶ Access points for program/financial eligibility determination and case management services
- ▶ Area Agencies on Aging providing in-home case management, Senior Information and Assistance, and other community-based resources
- ▶ County DD services such as employment and day programs
- ▶ Statewide residential quality assurance programs
- ▶ Consolidated management functions

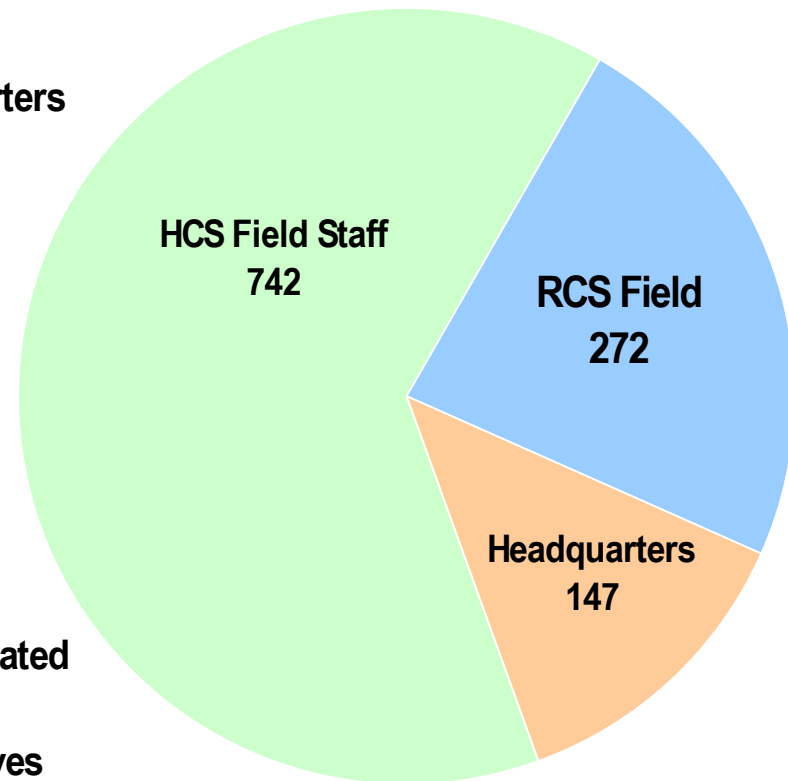
Profile of ADSA Staffing – FY07

FTE Count

Developmental Disabilities
Services Staff



Long-term Care
Services Staff



SOURCE: ADSA BUDGET OFFICE, DEC 2006

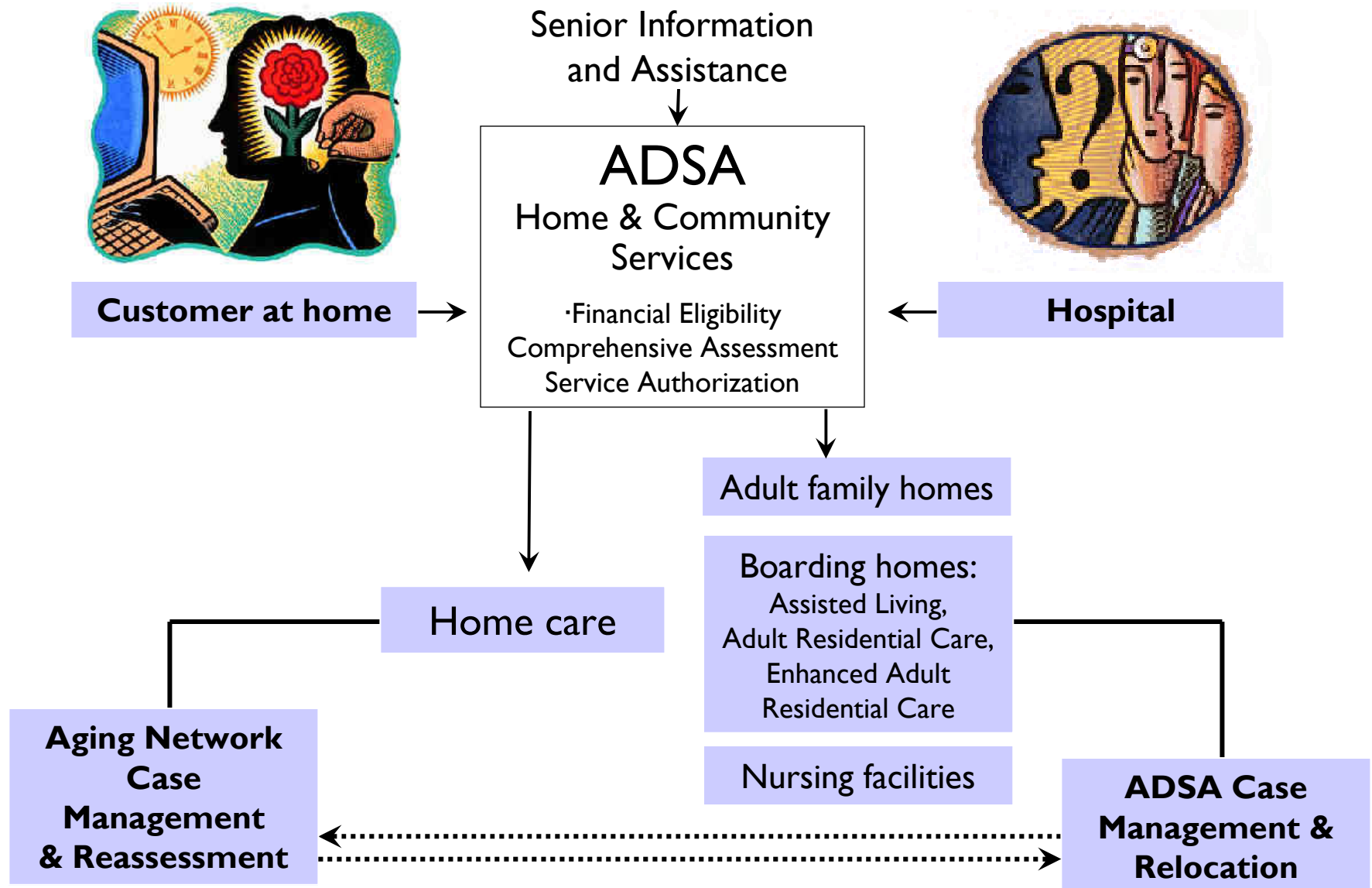
Home and Community Services Division

HCS Statewide Network of Local Offices

- ▶ Financial eligibility for Medicaid long-term care benefits
- ▶ Client-needs assessment and long-term care service authorization
- ▶ Case management for clients in residential care settings and Adult Protective Services (APS) clients
- ▶ Refers home-care case management to Area Agencies on Aging
- ▶ APS investigation and response



Long-term Care Service Delivery System



Area Agencies on Aging

- ▶ Statewide network of AAA Planning and Service Areas
- ▶ Specialized Senior Information and Assistance programs
- ▶ Local contracting and quality assurance oversight of home-care agencies
- ▶ Case management for home-care clients
- ▶ Nursing services for vulnerable adults in home care
- ▶ Other community services (nutrition, transportation, legal, etc.)



Medicaid Eligibility Standards

Financial Eligibility (Effective January 2007)

- ▶ Basic SSI level is \$623/month for single person
- ▶ COPES and DD Home and Community Based Services (HCBS) waiver income level is 300% of SSI or \$1,869
- ▶ COPES resource level:
 - \$2,000 single - \$4,000 married
- ▶ DD HCBS waiver resource level is \$2,000
- ▶ Medically-needy income varies up to the cost of service
- ▶ Medically-needy resource level \$2,000

Medicaid Eligibility Standards

Medicaid Personal Care Benefit

Client requires substantial assistance with at least one, or minimal assistance with more than two, of the following direct personal care tasks:

- ▶ Eating, toileting, self-medication
- ▶ Personal hygiene, bathing
- ▶ Specialized body care, dressing
- ▶ Transfer/positioning, ambulation

Medicaid Eligibility Standards

COPEs HCBS Waiver Benefit

COPEs eligibility same as nursing facility level of care:

- ▶ Needs substantial or total assistance with two activities of daily living (ADL); or
- ▶ Needs cognitive supervision and requires substantial or total assistance with one or more ADL tasks; or
- ▶ Requires minimal, substantial or total assistance in three or more ADL tasks
- ▶ COPEs caseload growth limited to 1.1% per year in 2003-05

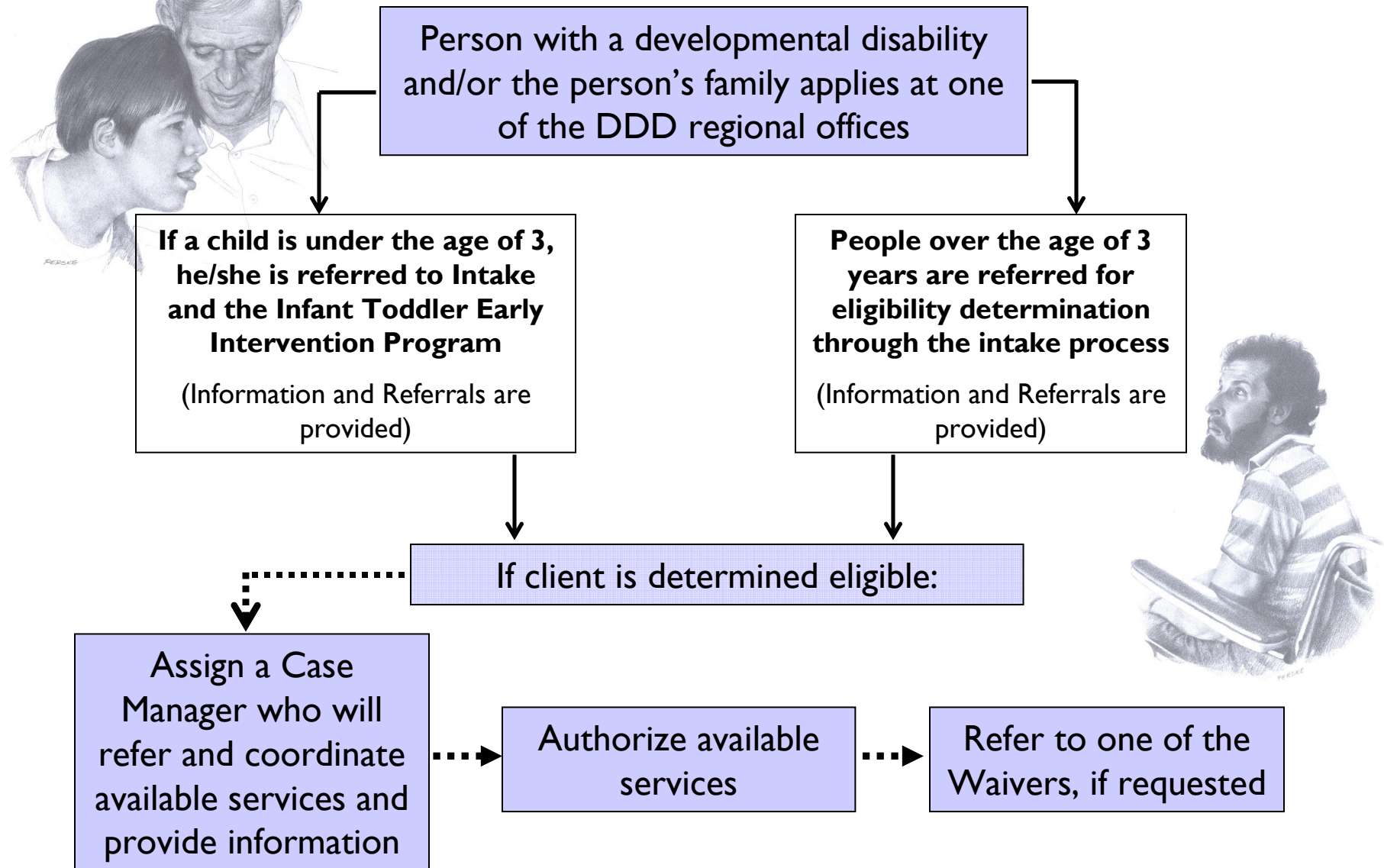
Long-term Care Services Settings

Setting	Number / Size of facilities (Oct 06)	Number of residents (Oct 06)	Rate range
Adult family home	2,482 licensed facilities Average 5.5 beds	3,927 state-funded residents 13,660 licensed beds	\$46.82 to \$88.89 per day
Boarding home: (Assisted Living, Adult Residential Care, Enhanced Adult Residential Care)	551 licensed facilities Average 48 beds	6,448 state-funded residents 26,667 licensed beds	\$46.18 to \$103.88 per day
In-home	N/A	27,304 state-funded clients	\$9.43 to \$15.89 per hour
Nursing home*	248 facilities Average 91 beds	11,602 state-funded residents 22,613 licensed beds	\$156.41 average per day

SOURCES: ADSA FACILITY DATABASE, MMIS, SSPS, EMIS, ADSA RATES DEC 2006

*Nursing homes that are Licensed and Certified, Licensed only, and Hospitals with long-term care wings

DDD Eligibility Process



Who are DDD Clients?

- ▶ The person must have a disability present before the age of 18.
- ▶ The disability must be expected to last throughout a person's lifetime.
- ▶ IQ is not the only measure of disability.
- ▶ Needs range from minimal supports to live independently to 24-hour intensive supports.



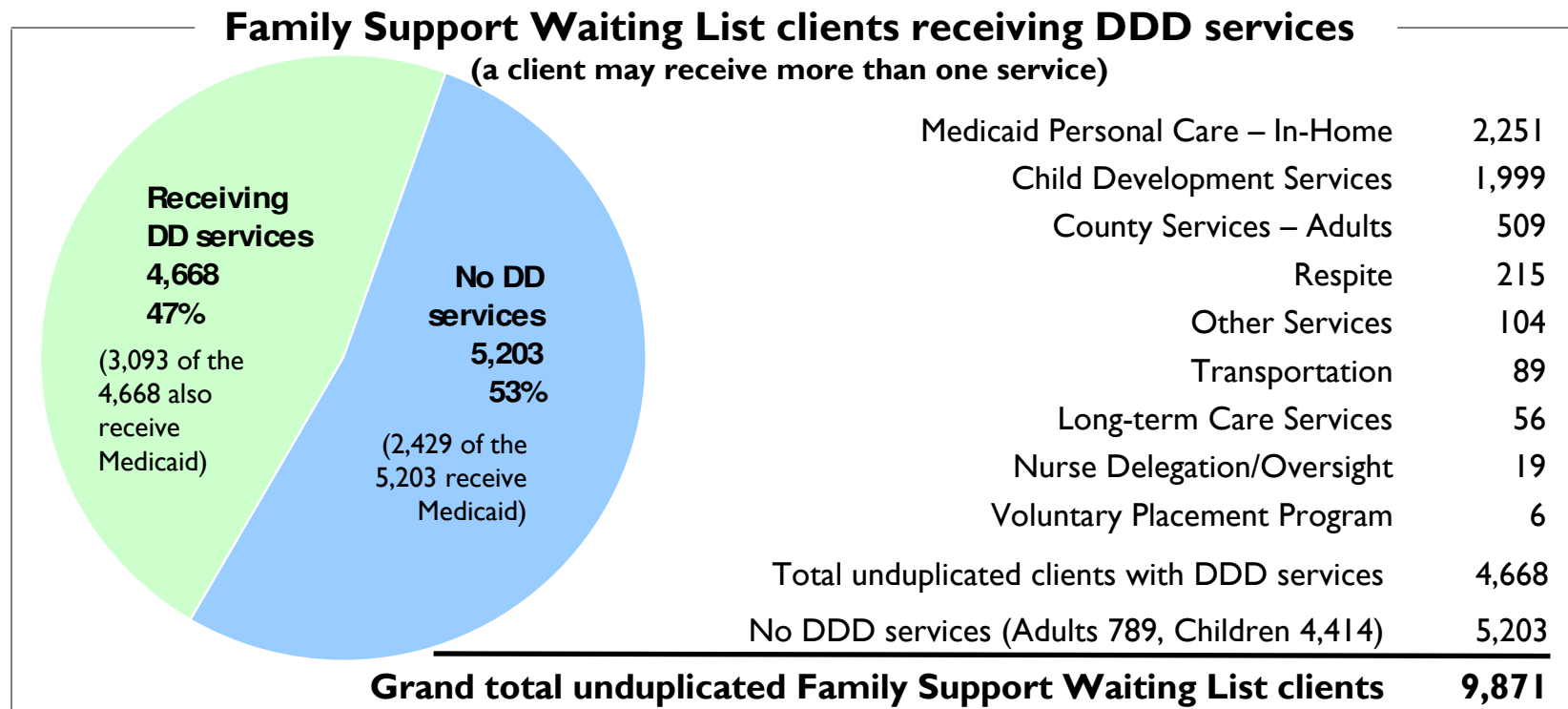
Medicaid Waivers for DD Clients

DD Waiver Groupings

- ▶ Basic: Clients live with family or own home, limited services
- ▶ Basic Plus: Clients at high risk of out-of-home placement
- ▶ Core: Clients require residential habilitation services or live at home, but are at immediate risk of out-of-home placement
- ▶ Community Protection: Selected clients needing 24-hour supervision
- ▶ Targeted waivers replaced CAP Waiver

DSHS Services Received by Family Support Waiting List Clients

- ▶ 47 percent of clients on the Family Support Waiting List (FSWL) are receiving other services.
- ▶ Those clients who receive no services were sent a letter on Sep 6, 2006, to determine their interest in the Family Support Pilot Program. Of the 3,681 letters sent, 568 have been returned to the Department indicating interest in the Family Support Pilot Program, and 532 have been returned with a forwarding address or as undeliverable (data as of Jan 1, 2007). 2,581 did not respond.
- ▶ The average number of years a client has been on the FSWL is 3.6 years.



SOURCE: Family Support Waiting List as of Jan 2007, with services received between Jan and Sep 2006. Medicaid program as of Dec 2006, from ACES data warehouse.

Developmental Disabilities Services

Adult Programs

Services	Number of Clients	Average Monthly Cost Per Client
Employment Programs: Includes Community Assess, Group Supported Employment, Individual Employment, Person to Person, Pre-vocational Employment (July 2006)	6,428	\$573
Family Support (Oct 2006)	2,021	\$272
Medicaid Personal Care (non-residential) (Oct 2006)	3,499	\$1,123

SOURCES: CCDB, EMIS, ADSA RATES DEC 2006

Developmental Disabilities Services

Children's Programs

Services	Number of Clients (Oct 06)	Average Monthly Cost Per Client (Oct 06)
Child Development Services	1,690	\$243
Family Support	2,289	\$263
Medicaid Personal Care (non-residential)	1,760	\$795
Medically Intensive Services	228	\$10,000 RN rate = \$31.80 hour LPN rate = \$24.52 hour
Voluntary Placement / Foster Care Program	210	\$4,945

SOURCES: CCDB, EMIS, ADSA RATES DEC 2006

Developmental Disabilities Services

Community Residential Settings

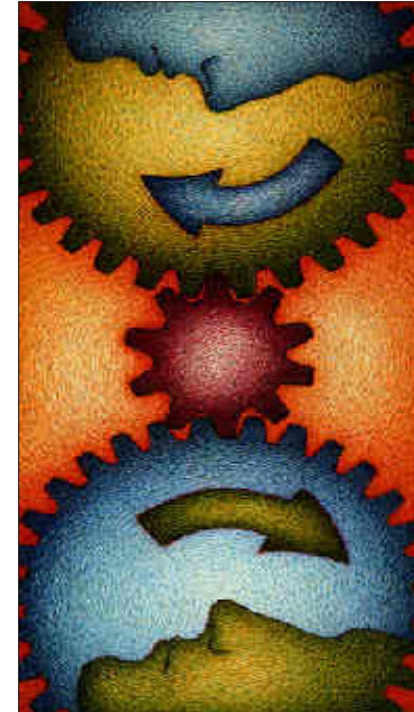
Setting	Number / Size of Programs (Oct 06)	Number of clients (Oct 06)	Average Monthly Cost Per Client (Oct 06)
Alternative Living	178 providers	308	\$417
Community ICFMR	8 facilities Average 7 adults per facility	57	\$6,692
Companion Homes	43 providers	42	\$3,916
Group Homes	50 facilities 4 - 20 adults per facility	349	\$4,088
Residential Habilitation Centers	5 facilities ranging in size from 55 - 391 residents (counts include respite)	988	\$13,499
State Operated Living Alternative	Several persons live together as roommates to share living expenses and staff support (24/7 support)	109	\$8,713
Supported Living	365 contracted providers - Several persons live together as roommates to share living expenses and staff support (daily to 24/7 support)	3,487	\$5,353

SOURCES: CCDB, EMIS, ADSA RATES DEC 2006

Residential Facility Quality Assurance

Critical Quality Assurance Functions

- ▶ State licensure for nursing homes, boarding homes, adult family homes
- ▶ Perform nursing home Medicare/Medicaid certification surveys under contract with Centers for Medicare and Medicaid Services (CMS)
- ▶ Certification of DD residential programs
- ▶ Complaint investigations for residential facilities
- ▶ Enforcement actions



Management Services Division

Critical Management Functions

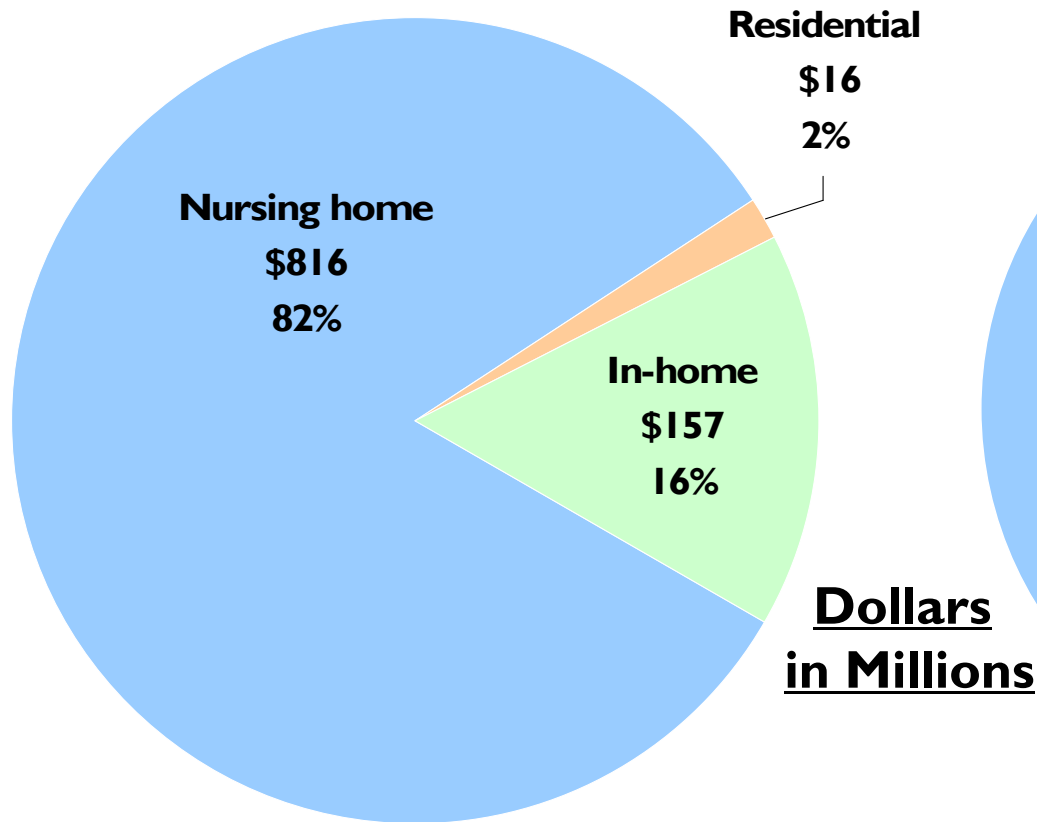
- ▶ Budget development and accounting
- ▶ Contract administration
- ▶ Long-term care and DD payment systems
- ▶ Personnel management
- ▶ Information systems
- ▶ Decision support (data development and analysis)



Long-term Care Expenditure Shift

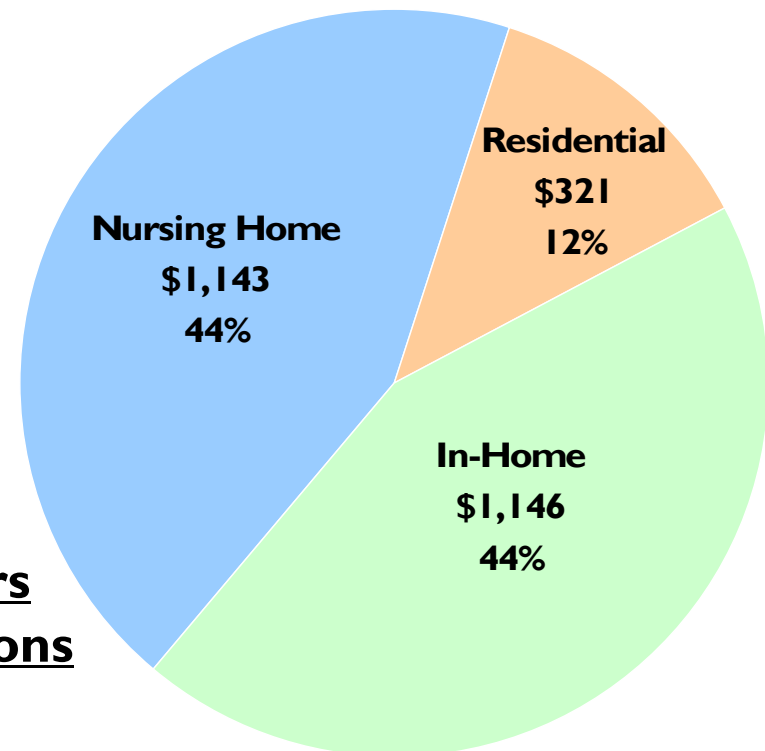
1991-1993 Biennium

2005-2007 Biennium



Total = \$989,000,000

Caseload of all services approx. 38,000



Total = \$2.6 billion

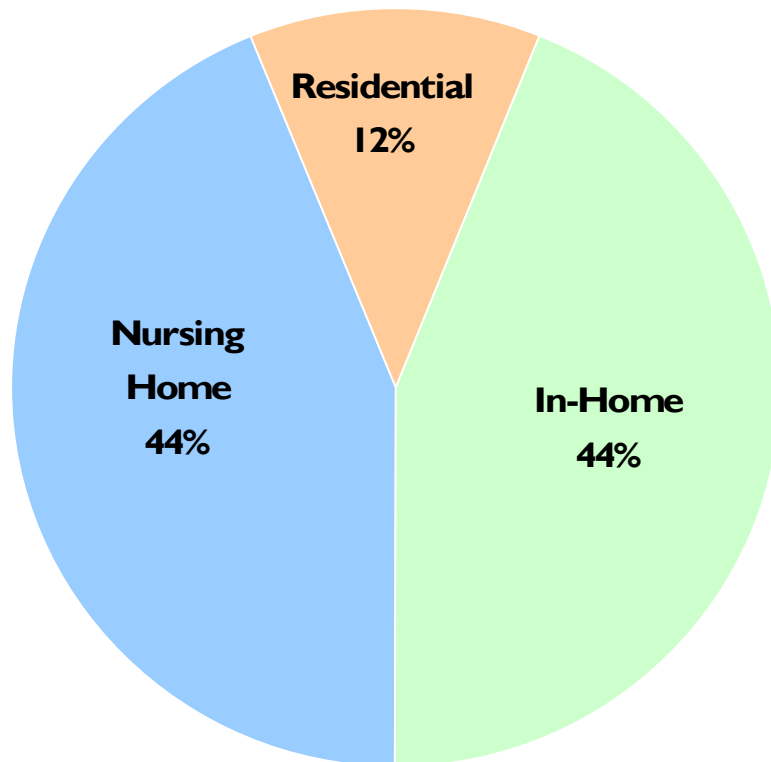
Caseload of all services approx. 49,300

SOURCE: ADSA BUDGET OFFICE AUG 2006

Long-term Care Budget and Caseload

2005-2007

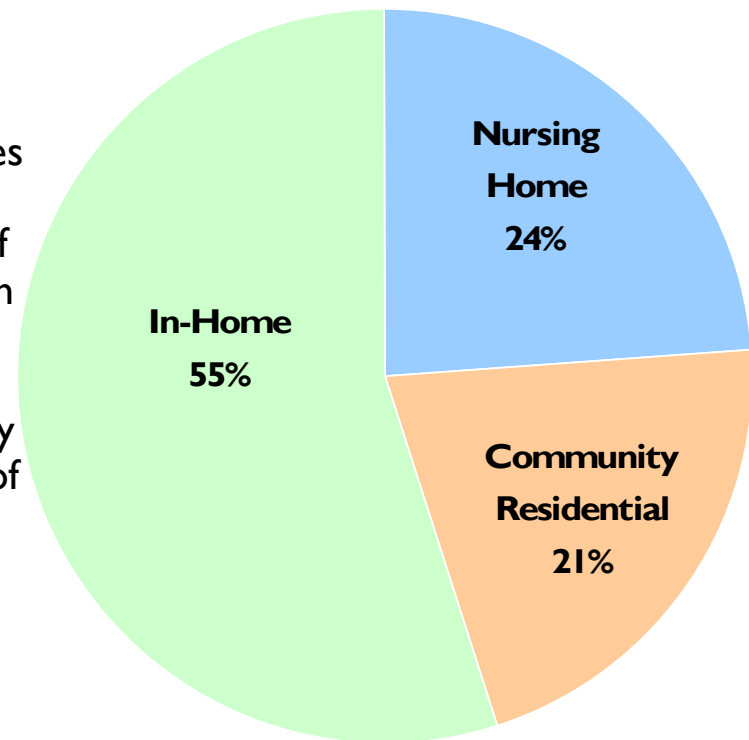
Budget



Total = \$2,610,168,000

Nursing homes represent almost half of our long-term care budget, but approximately one-quarter of our caseload

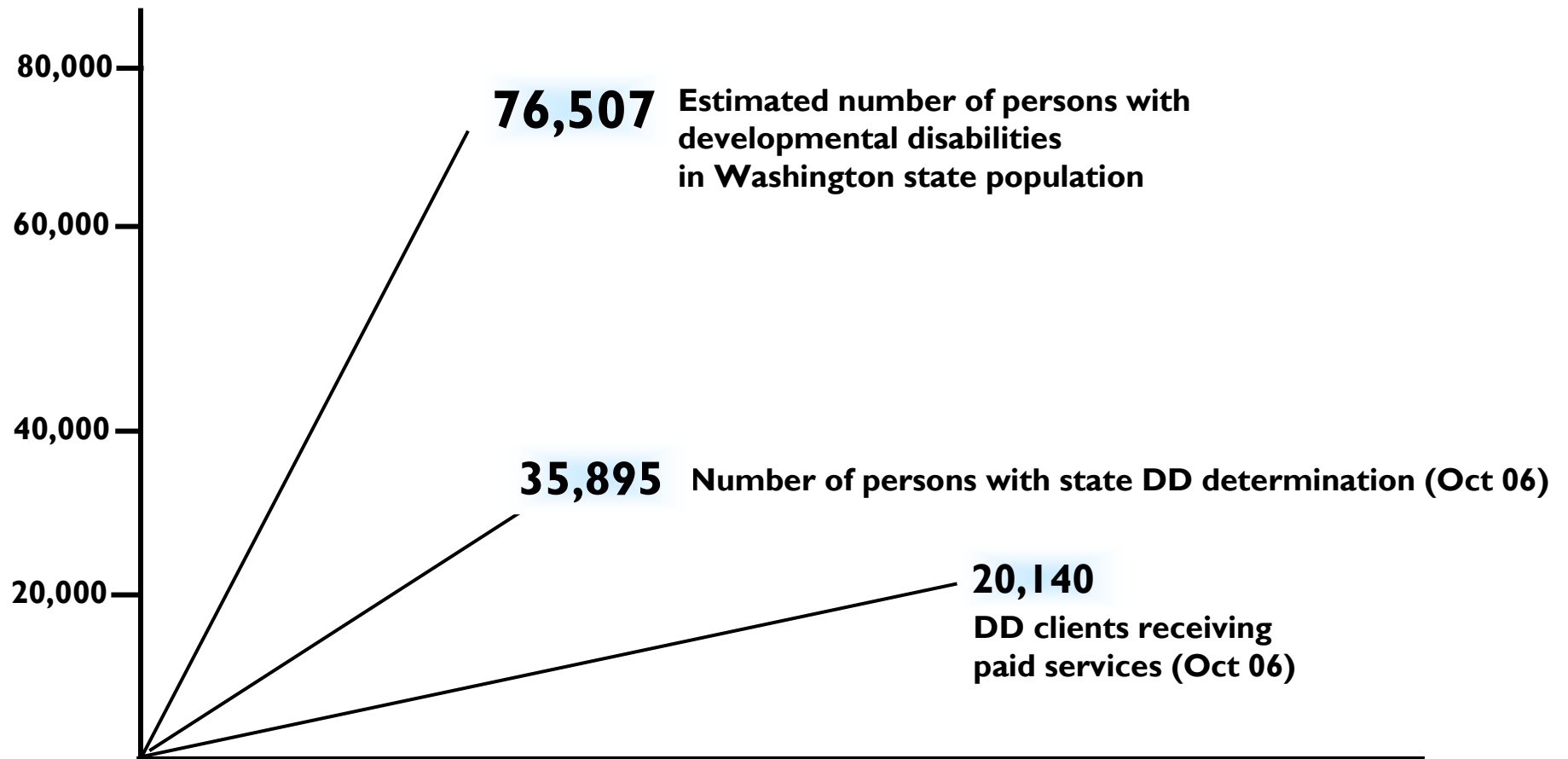
Caseload



SOURCE: ADSA BUDGET OFFICE AUG 2006

SOURCE: CASELOAD FORECAST COUNCIL DEC 2006

Developmental Disabilities Population



SOURCES: CCDB, EMIS, OFM OCT 2006

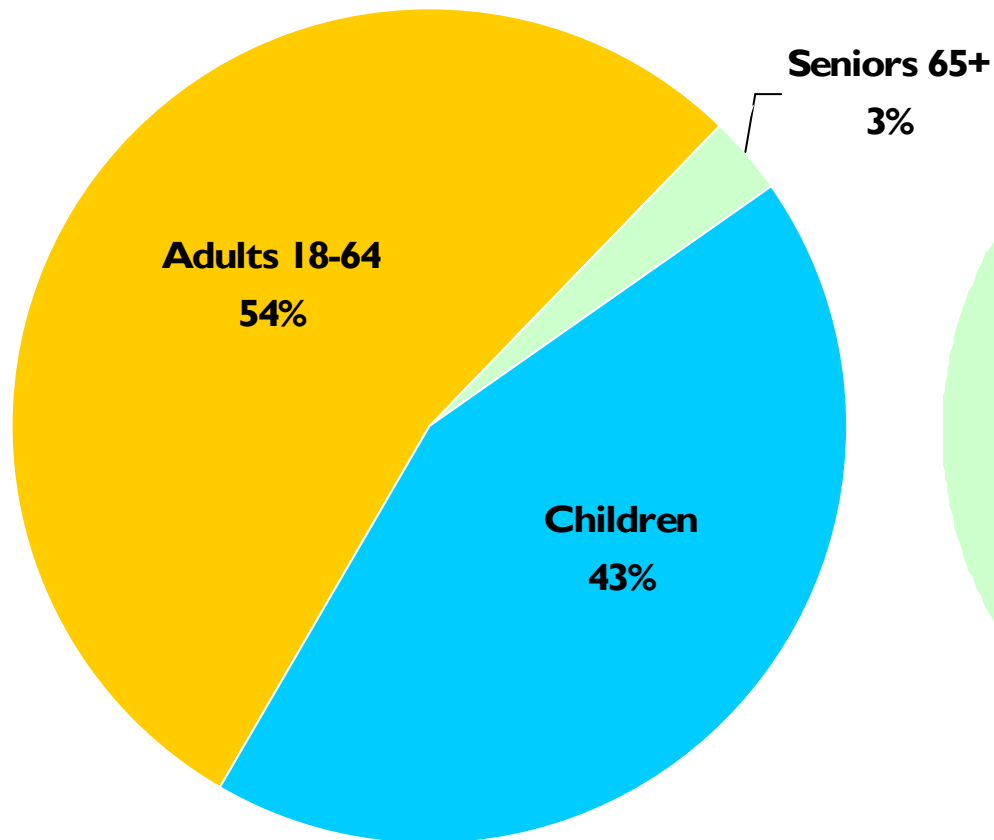
Characteristics of ADSA Clients

	Race								Hispanic			Gender		Age Group - DDD				Age Group - LTC		Average ADL Score
	American or Alaska Native	Asian	Black or African American	Native Hawaiian/Other Pacific Islander	Other Race	Not Reported	White	Hispanic	Not Reported	Not Spanish/Hispanic	Female	Male	0-2	3-17	18-61	62 and over	18-64	65 and over		
Division of Developmental Disabilities (DDD) Residential																				
Alternative Living	3%	1%	2%	0%	5%	1%	89%	9%	5%	86%	51%	49%	0%	0%	94%	6%				
Companion Home	8%	3%	8%	0%	0%	0%	81%	3%	5%	92%	57%	43%	0%	0%	95%	5%				
Group Home	1%	1%	3%	0%	1%	1%	93%	1%	4%	95%	47%	53%	0%	0%	93%	7%				
Supported Living	2%	1%	4%	0%	1%	1%	90%	2%	6%	93%	40%	60%	0%	0%	92%	9%				
Voluntary Placement Program Residential	1%	4%	8%	1%	6%	3%	76%	4%	7%	88%	34%	66%	3%	66%	31%	0%				
Community IMR	2%	0%	2%	0%	0%	2%	95%	2%	0%	98%	63%	37%	0%	0%	81%	19%				
Residential Habilitation Center	0%	1%	2%	0%	1%	0%	96%	1%	1%	98%	40%	60%	0%	1%	85%	14%				
State Operated Living Alternatives	1%	0%	5%	1%	2%	1%	91%	2%	4%	94%	24%	76%	0%	0%	95%	5%				
Medically Intensive	4%	3%	9%	2%	10%	4%	68%	15%	9%	76%	43%	57%	22%	74%	4%	0%				
DDD Waiver																				
Basic	2%	4%	4%	1%	4%	3%	82%	5%	4%	91%	41%	59%	0%	41%	57%	2%				
Basic Plus	2%	3%	4%	2%	3%	1%	86%	3%	5%	93%	45%	55%	0%	18%	76%	6%				
Core	3%	1%	4%	0%	2%	1%	89%	2%	6%	92%	44%	56%	0%	5%	87%	8%				
Community Protection	4%	1%	7%	1%	2%	1%	85%	3%	4%	92%	7%	93%	0%	0%	98%	2%				
DDD Personal Care *																				
DDD MPC Residential	2%	2%	4%	1%	0%	8%	83%	2%	0%	98%	50%	50%	0%	0%	86%	14%			11.17	
DDD MPC In Home	3%	5%	7%	1%	0%	8%	77%	9%	1%	91%	42%	58%	0%	36%	63%	2%			13.06	
Long Term Care *																				
Adult Family Home	1%	4%	4%	1%	0%	5%	85%	2%	2%	96%	69%	31%					27%	73%	14.76	
Boarding Homes	1%	2%	3%	0%	0%	4%	90%	2%	2%	97%	73%	27%					18%	82%	6.05	
In Home	3%	13%	7%	1%	0%	7%	70%	6%	1%	93%	71%	29%					42%	58%	11.73	
Nursing Home	4%	2%	5%	1%	0%	13%	76%	6%	8%	86%	56%	44%					47%	53%	11.94	

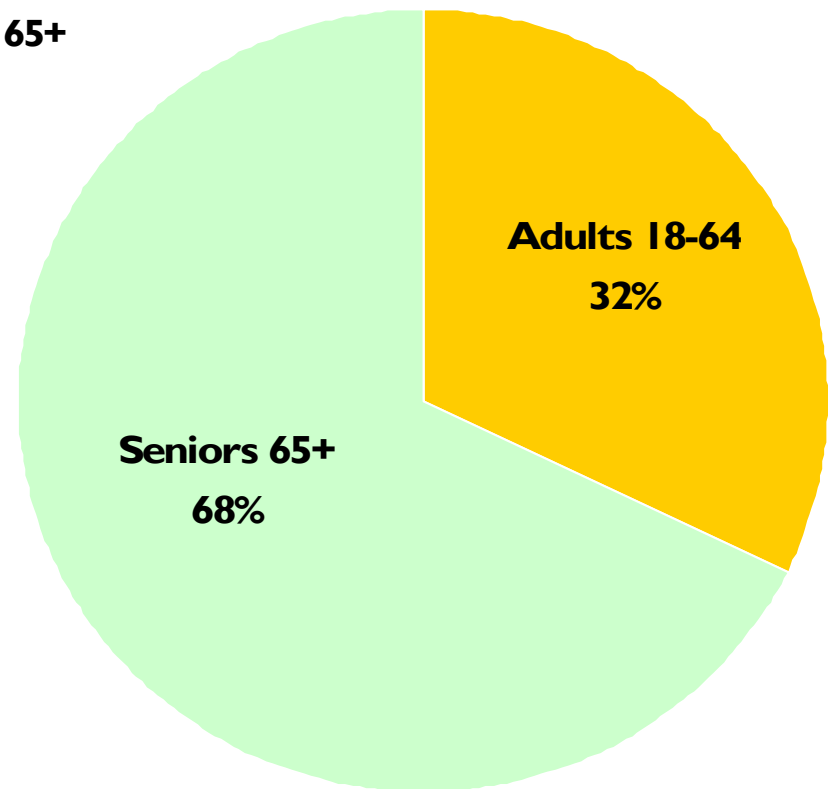
Characteristics for DDD from CCDB except Personal Care
 Personal Care and Long Term Care characteristics from CARE
 * Some clients may have more than one race chosen in CARE

Long-term Care Caseload by Age

Developmental Disabilities
Clients



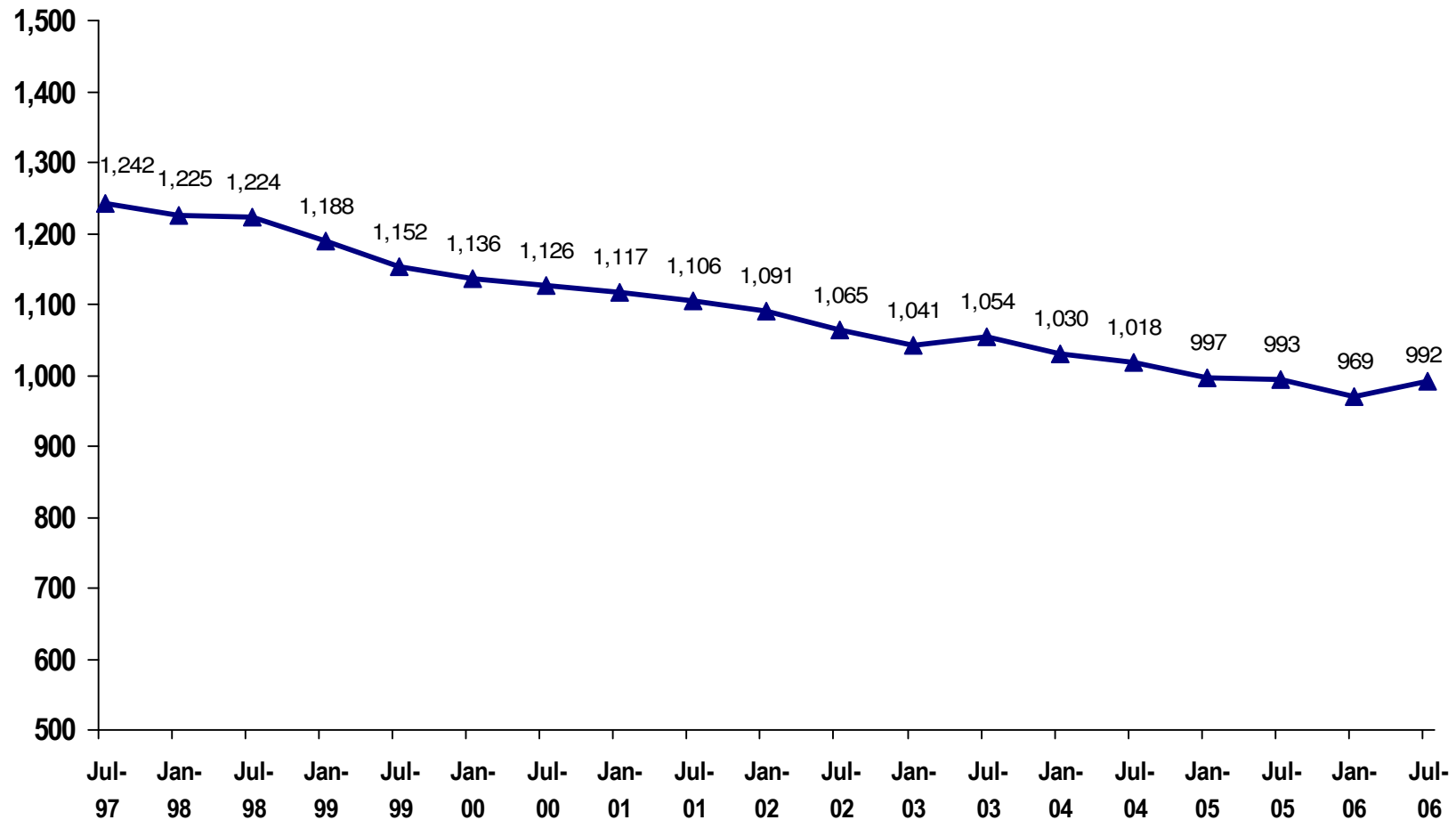
Long-term Care Clients



SOURCES: SSPS, MMIS

Residential Habilitation Center Caseload Trend

DD Clients Residing in RHCs (includes short-term stay clients)

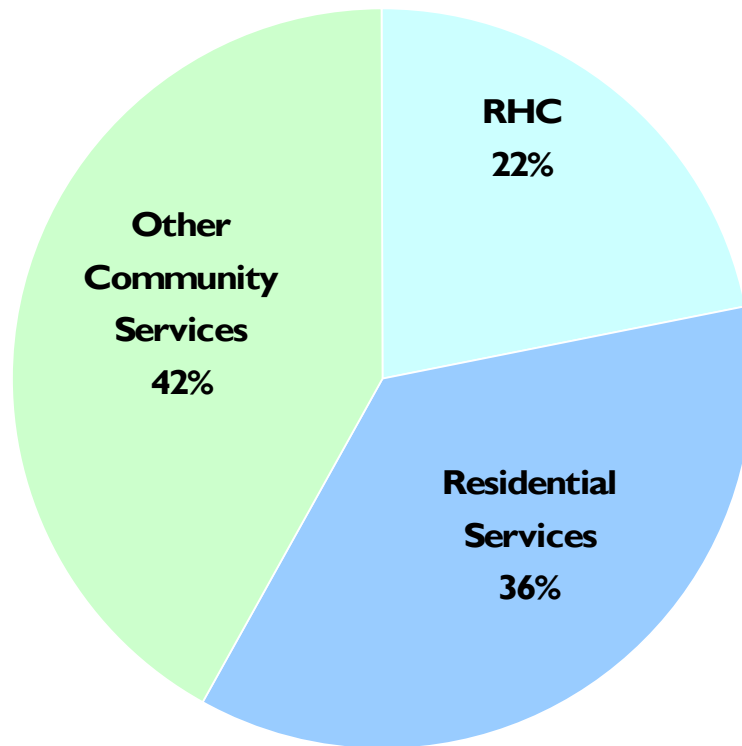


SOURCES: CCDB, EMIS OCT 2006

Developmental Disabilities Budget and Caseload

2005-2007

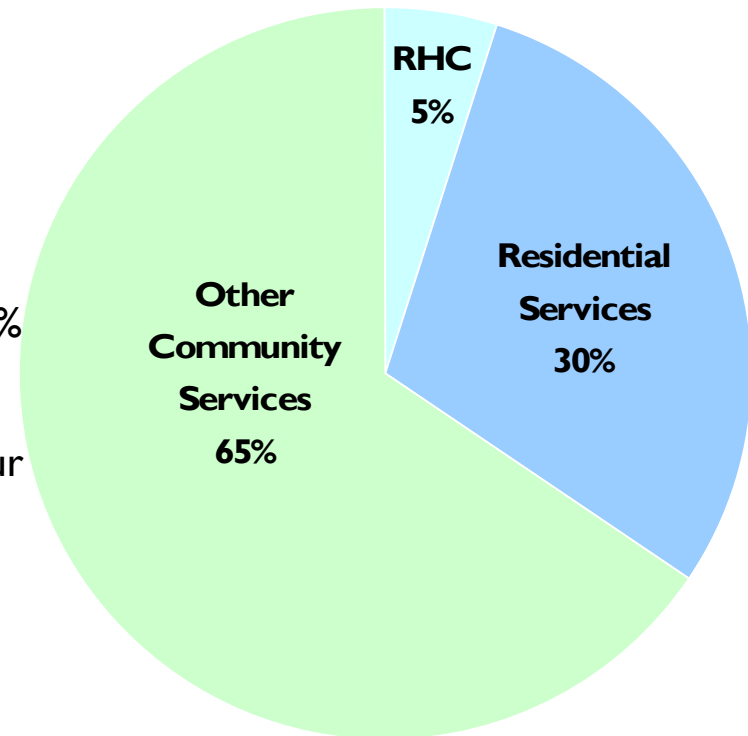
Budget



Total = \$1,458,270,000

Residential Habilitation Centers represent 22% of our DD budget, but only 5% of our caseloads

Caseload



SOURCE: ADSA BUDGET OFFICE 2006

SOURCE: CCDB 2006
Average monthly counts

Financing Challenges

- ▶ Current needs are complex, require holistic health care response
- ▶ Significant pressure to meet client behavioral needs in long-term care settings
- ▶ Need to stabilize and support preferred, less costly community services
- ▶ DD case management improvements are underway.



Financing Opportunities

- ▶ New fund source: unnecessary, inappropriate medical and prescription drug costs
- ▶ Chronic care management projects are underway to test ways of coordinating care and improve client outcomes and cost-effectiveness.
- ▶ Strengthen capacity to produce/analyze comprehensive linked data
- ▶ Partner with CMS on Medicare-Medicaid Integration

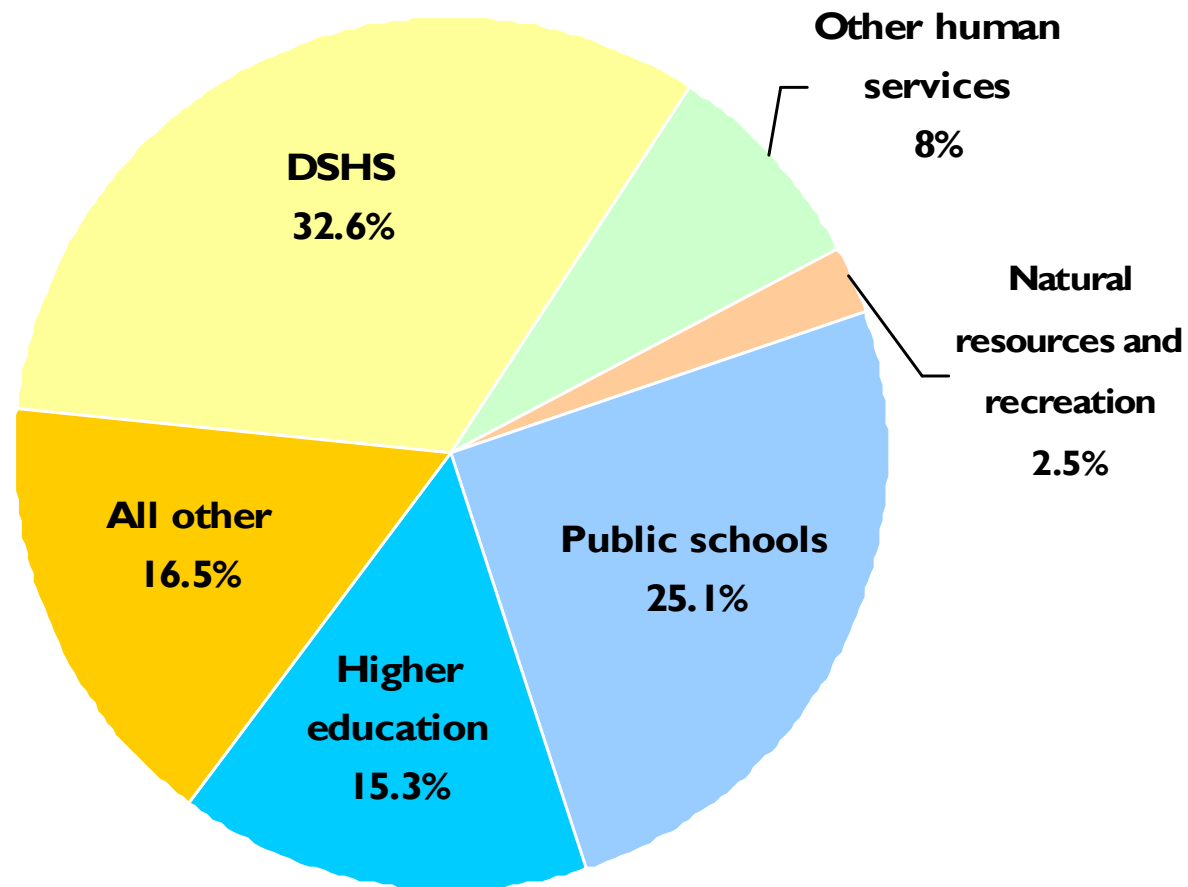


Medicaid Program Description

- ▶ Medicaid is the primary funding source for ADSA service programs. Medicaid is the primary funding source for both long-term care and DDD.
- ▶ While Medicaid serves a large number of low income families and kids, the highest expenditures are for the aged and disabled population.
- ▶ Medicaid finances comprehensive health and related services.
- ▶ Primary, acute, long-term care, DD supports, mental health services, etc.
- ▶ Medicaid (ADSA, Health and Recovery Services) accounts for 78% of the DSHS budget. Medicaid is both federal and state funds.

The State Operating Budget 2005-07

\$53.5 Billion (all funds)

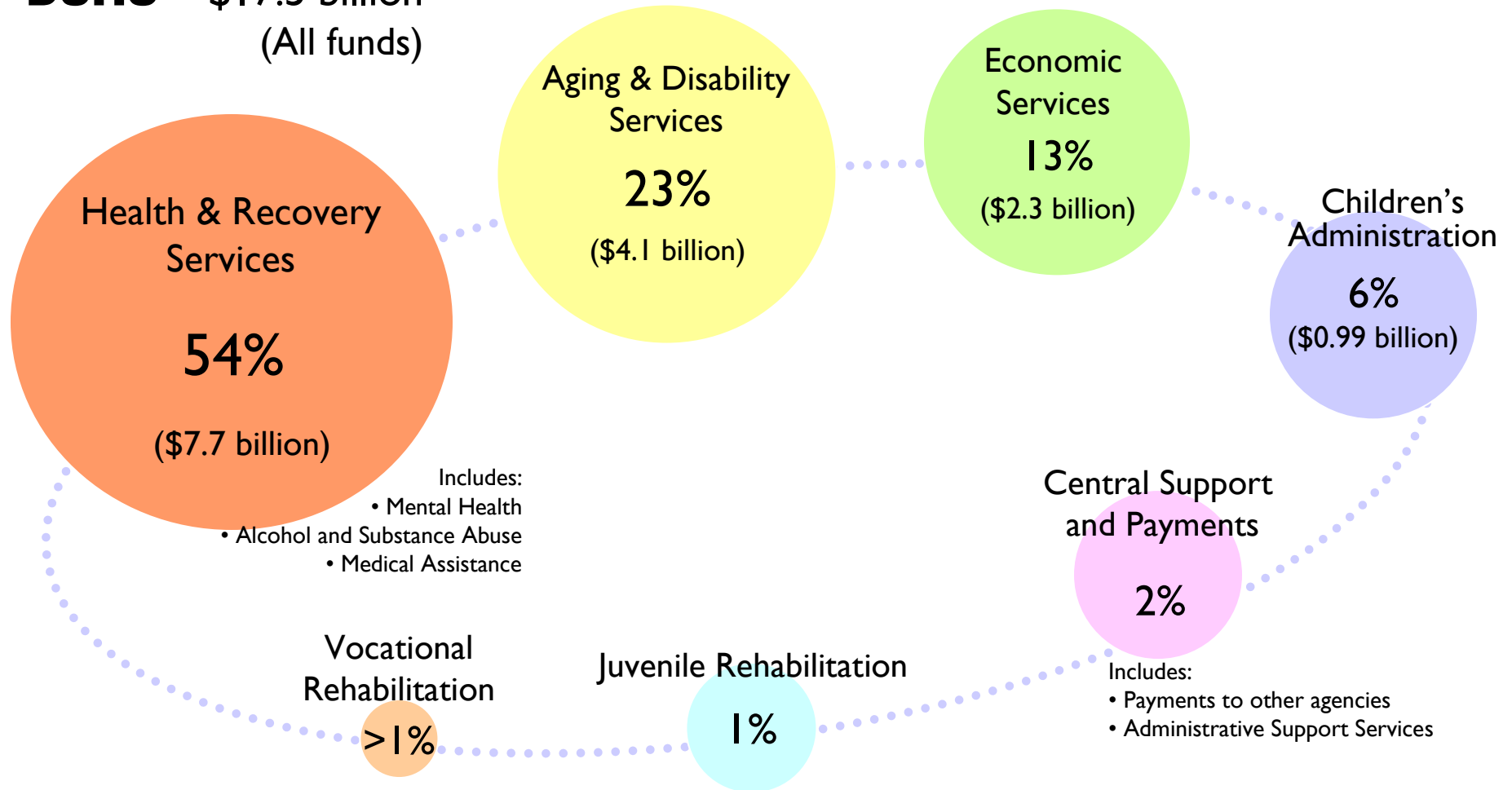


SOURCE:: STATE BUDGET OFFICE JUN 2006
Includes 2006 Supplemental

The DSHS Budget Universe

2005-07 Biennium

DSHS = \$17.5 billion
(All funds)



SOURCE:: STATE BUDGET OFFICE JUN 2006
Includes 2006 Supplemental

ADSA Budget Summary 2005-2007 Biennium

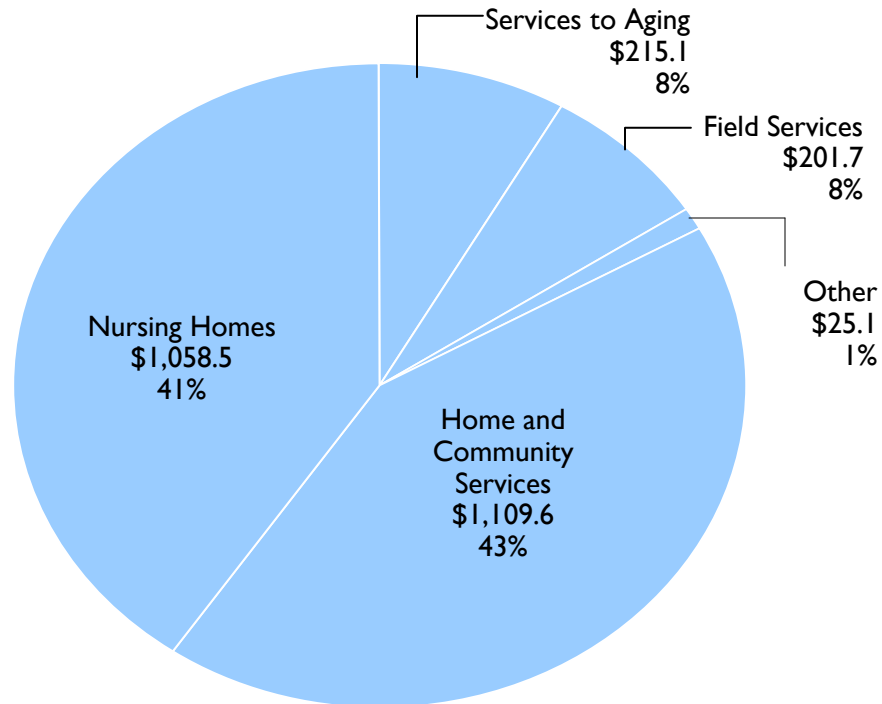
Long-term Care Budget

Services	Oct 06 Caseload	Percent of Caseload	05-07 Biennium Allotment (Includes 2006 Supplemental)	Percent of Total Cost
			(number rounded)	
Nursing facilities	11,602	23.5%	\$1.1 billion	40.6%
In-home care	27,304	55.4%	\$817 million	31.3%
Community residential	10,375	21.1%	\$298 million	11.4%
HCS field staff			\$111 million	4.3%
RCS quality assurance staff			\$47 million	1.8%
Administration staff			\$31 million	1.2%
AAA staff			\$145 million	5.6%
Other community services			\$100 million	3.8%
Long-term care total	49,281	100%	\$2.6 billion	100%
ADSA total			\$4 billion	

SOURCES: ADSA BUDGET OFFICE, EMIS

Long Term Care

2005-07 Biennium with 2006 Supplemental



We provide services for people who are elderly or physically disabled.

	FY07 Allotment	2008	2009
Dollars in Thousands		Governor's Proposed	
GFS	\$663,868	\$705,514	\$741,327
GFF	\$685,623	\$723,170	\$763,483
Other	\$12,266	\$12,916	\$12,978
Total	\$1,361,757	\$1,441,600	\$1,517,788
FTE's	1,160.8	1,195.0	1,208.6

Source: OFM, Version Reporting System, January 2007

ADSA Budget Summary 2005-2007 Biennium

Developmental Disabilities Budget

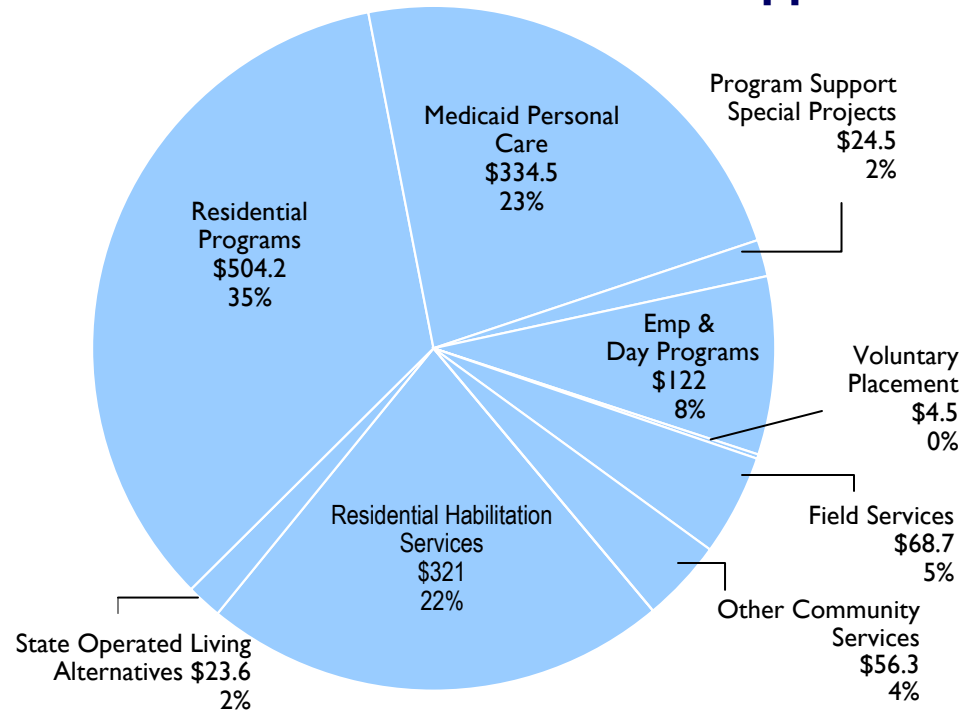
Services	Total clients with paid services (Oct 06)	05-07 biennium allotment (Includes 2006 Supplemental)	Percent of total cost
		(number rounded)	
Residential Services	5,911	\$529 million	36.2%
Residential Habilitation Centers	988	\$320 million	22.0%
Other Community Services including Family Support and Medicaid Personal Care	11,481	\$391 million	26.8%
Employment and Day Programs	8,052	\$121 million	8.3%
Field Services	N/A	\$69 million	4.7%
Voluntary Placement	210	\$4 million	0.3%
Program Support	N/A	\$7 million	0.5%
Infant Toddler Early Intervention Program	7,957 (FFY06)	\$17 million	1.2%
DDD total (unduplicated client count)	20,140	\$1.46 billion	100%
ADSA total		\$4 billion	

SOURCES: ADSA BUDGET OFFICE, EMIS

NOTE: A client may receive service in more than one program; for example, an adult may receive both residential and employment services

Developmental Disabilities

2005-07 Biennium with 2006 Supplemental



We provide services for people with developmental disabilities.

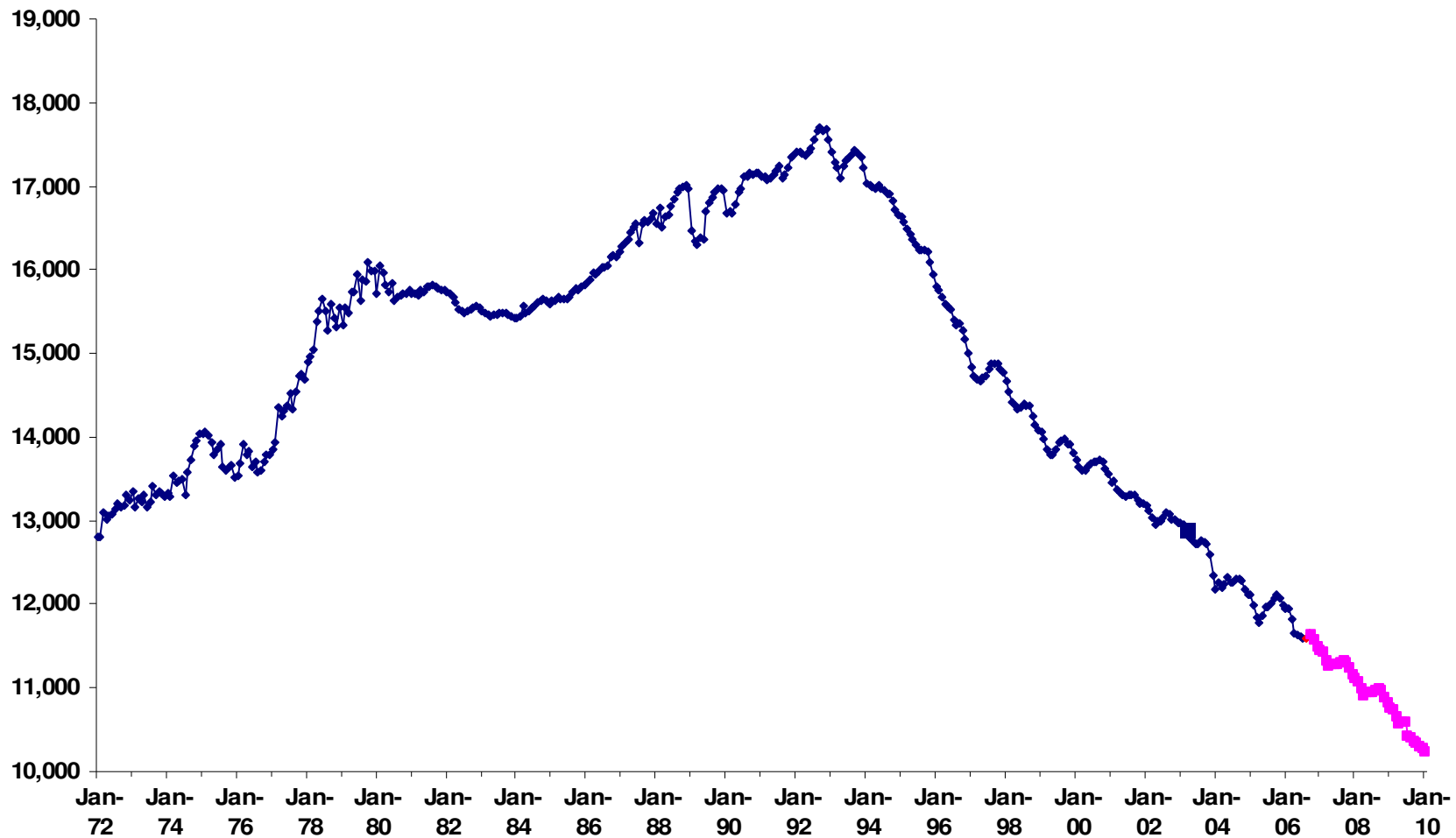
	FY07 Allotment	2008	2009
Dollars in Thousands		Governor's Proposed	
GFS	\$393,667	\$424,206	\$447,539
GFF	\$347,009	\$397,534	\$423,675
Other	\$6,685	\$10,277	\$10,278
Total	\$747,361	\$832,017	\$881,492
FTE's	3,341.3	3,365.8	3,398.7

Source: OFM, Version Reporting System, January 2007

Nursing Home Medicaid FTE Caseload Trend

January 1972 through January 2010

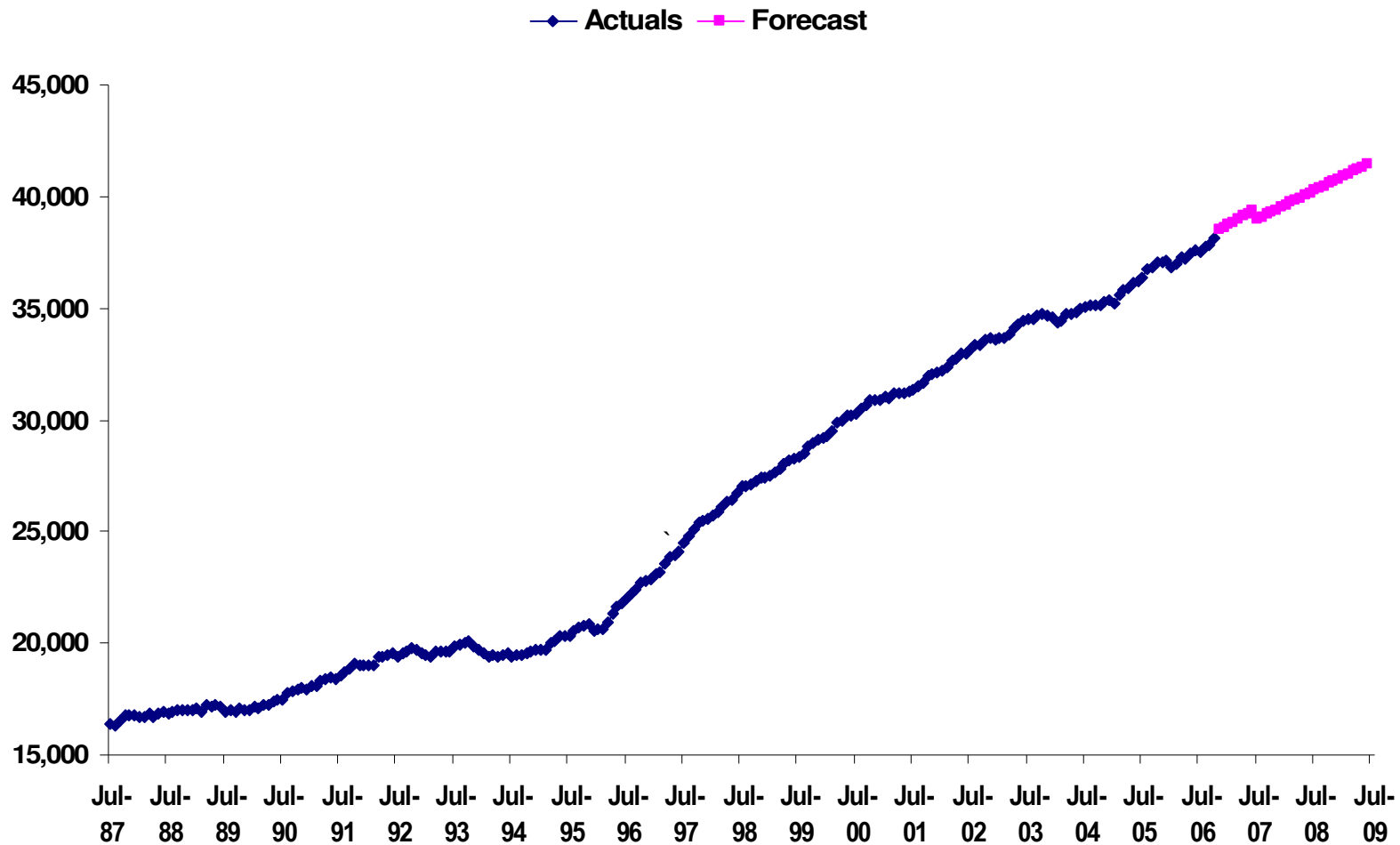
—●— NH FTE Caseload (Clients to fill Bed) —■— Forecast



SOURCES: MMIS DEC 2006
Forecast from Actuals

Home and Community Long-term Care Caseload Trend

July 1987 through June 2009



SOURCES: MMIS, SSPS, CFC DEC 2006

Primary Source of Long-term Care Is Informal

More than 80 percent of non-paid long-term care assistance is provided by family and friends:

Spouse 38%

Daughter 19%

Other relative 12%

Paid help 9%

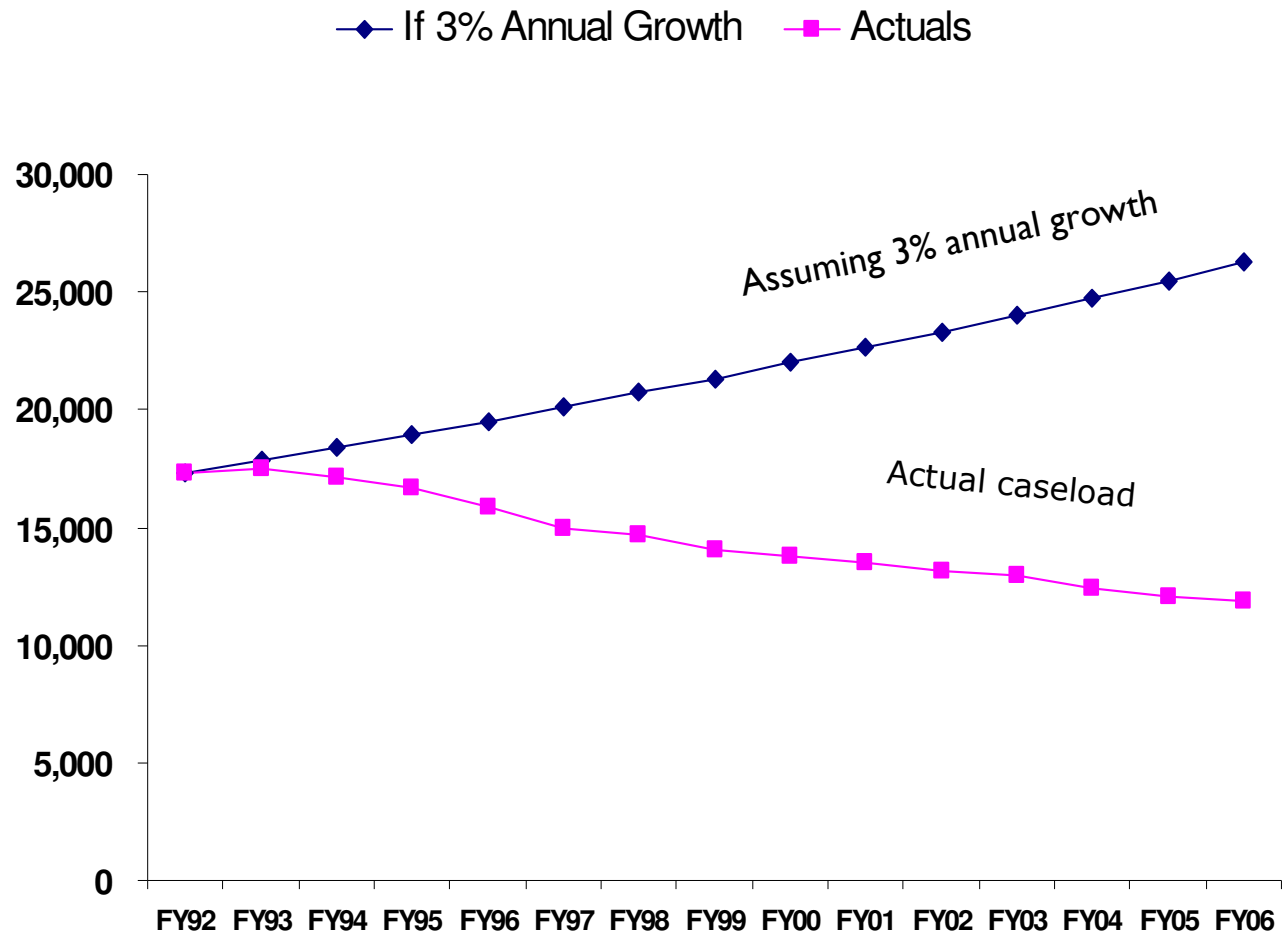
Son 8%

Other 8%

Parent 6%



Estimate of Medicaid Nursing Home Clients if Washington Had Not Expanded Home and Community Options



SOURCE: MMIS DEC 2006

▶ We can serve three times the number of people in home and community that we would have spent on nursing homes had we not re-balanced.

▶ Without our re-balancing efforts, acute care costs would be higher because people who need long-term care services would not be eligible to get them.

▶ If nursing home growth had continued at 3% per year, in FY06 we would have approximately 26,250 nursing home clients at a cost of \$1.1 billion per year.

▶ In FY06, we are serving about 11,900 clients at a cost of \$510.5 million per year.

Governor's Budget 07-09

Governor's 07-09 budget for DDD includes:

- ▶ Additional proviso slots for public safety and expanded community services placements.
- ▶ Employment services for persons graduating from high school.
- ▶ Service dollars and FTEs to assess persons currently receiving no paid services and provide MPC services.
- ▶ Increased respite and family support services.
- ▶ Reduced caseloads for community protection case managers.

Governor's Budget 07-09 continued

Governor's 07-09 budget for long-term care includes:

- ▶ Increased Medicaid payment rates for adult family homes, boarding homes, Assisted Living and direct care rate for nursing homes.
- ▶ Development of on-line caregiver assessment tool and expansion of family support/respite for 1,200 clients in FY 00.
- ▶ Enhanced quality assurance programs such as intermediate sanctions in all supported living, increased oversight in adult family homes, expansion of resident protection program from nursing homes to adult family homes and boarding homes.